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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2020

MICHELLE CANELA 1075 JASON WAY WEST PALM BEACH, FL 33406

SUBJECT: 3746 VICTORIA DRIVE LLC

Ref. Number: L20000281637

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SECTION THIRD WHICH STATES THAT THE DOCUMENT TO BE CORRECTED IS (SHOULD BE COMPLETED WITH) Articles of Organization.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00022086

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:		stration Sect sion of Corp				•
SUBJE		3746 VICTO	ORIA DRIVE LLC			
			}	Name of	Limited Liab	pility Company
Dear Si	r or M	ladam:				
The end	losed	Statement of	f Correction and fee(s) a	ıre submi	tted for filin	g.
Please r	eturn	all correspor	idence concerning this r	natter to	the followin	g:
Michel	le Car	iela				
			Name of Person			-
3746 V	ICTO	RIA DRIVE	LLC			
			Firm/Company			_
1075 Ja	ison V	Vay				
			Address			~
West P	alm B	each, FL 334	106			
		City	y/State and Zip Code			-
Victori	aDr37	46@outlook	.com			
E-	-mail a	iddress: (to b	e used for future annual	report n	otification)	_
For furt	her in	formation co	ncerning this matter, ple	ease call:		
Michel	le Can	ela		at (561	329-9421
		Name of	Person	at (Area Code	Daytime Telephone Number
	Reg Div P.O	ing Address istration S ision of Co . Box 6327 ahassee, F	ection orporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a	check for t	he following amount:			
□\$25 F	iling	Fee 🖺	\$30 Filing Fee & Certificate of Status		iling Fee & ified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

Notification of Business Name Change for LLC

Date: ///12/20

To: Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Change of LLC Name

Prior Business/LLC Name: 3746 Victoria Drive LLC

EIN: 85-3356138

Please note that the name of the LLC has been corrected and changed to <u>3674</u> Victoria Drive LLC.

Please let me know if you have any questions or need anything else.

Thank you,

Michelle Canela

561-963-3243

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to section 605.0209, F.S.,	this document is being submit	ted to correct a previously file	ed document.	
FIDST	The name of the limited li	ability company is: 3746 VICTO	ORIA DRIVE LLC		
FIRST	; The name of the finned in	aomity company is:	.		
SECO	ND: The Florida Docu	ment number of the limited lial			
THIRE	Document to be c	orrected is: Anticles	of Organiza	tion	
	(CHECK THE API	PROPRIATE BOX AND CO	MPLETE THE APPLICAB	LE STATEMENT	
ė	Contains an incorrect state statement are as follows:	ement. The incorrect statement	, the reason the statement is i	ncorrect, and the corr	rected
	This LLC is for an investm	ent property and the realtor origi	nally provided the wrong num	ber in the street addres	ss;
	i.e., 3764 Victoria Drive L.	LC (incorrect) as opposed 3674 V	Victoria Drive LLC (correct). I	Please change the nam	c
	to 3674 Victoria Drive LLC	C.			
	OR				
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	was defectively signed. I as follows:	The manner in which the docum	ent was defectively signed a	nd the appropriate co	rrection are
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	The electronic transmission	n of the record was defective.			
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	, Signature of Au	thorized Representative		Dale	
_	are of new registered agent, ng the designation).	if applicable :(NOTE: if correc	cting the registered agent, the	new registered agen	t must sign
New Re	egistered Agent's Signature	, if changing Registered Agent:			
I hereb	v accept the appointment as	registered agent and agree to	act in this capacity. I further	agree to comply with	the
provisio	ons of all statutes relative to	the proper and complete perfo	ormance of my duties, and I a	m familiar with and i	accept the
obligati	ions of my position as regist	tered agent as provided for in (office address, I hereby confirm	Chapter 605, F.S. Or, if this a	ocument is being file	d to merely
of this o	a cnange in ine regisierea o hanoe	ffice doaress, I hereby confirm	anai ine iimiiea iiaoiiiiy com	pany nas been noujie	a in writing
0, 111.5	I lefter	Sell Man	(, -		
		Registered Age	ent's Signature		
	·	Filing Fee:	\$25.00		
		Certified Copy:	\$30.00 (optional)		